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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/296,217	04/22/1999	BOYCE D. BURTS	23267/15D1	8096

7590 01/13/2010  
J.M. (MARK) GILBRETH  
GILBRETH & ASSOCIATES, P.C.  
P.O. BOX 2428  
BELLAIRE, TX 77402-2428

EXAMINER
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WARDEN, JILL ALICE

ART UNIT	PAPER NUMBER
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1797

MAIL DATE	DELIVERY MODE
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01/13/2010

PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.




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**UNITED STATES PATENT AND TRADEMARK OFFICE**


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**Board of Patent Appeals and Interferences**

J.M. (MARK) GILBRETH  
 GILBRETH & ASSOCIATES, P.C.  
 P.O. BOX 2428  
 BELLAIRE, TX 77402-2428

Appeal No: 2009-013724  
 Appellant: BOYCE D. BURTS  
 Application No: 09/296,217  
 Hearing Room: A  
 Hearing Docket: A  
 Hearing Date: Tuesday, March 09, 2010  
 Hearing Time: 01:00 PM  
 Location: Madison Building - East Wing  
 600 Dulany Street, 9th Floor  
 Alexandria, Virginia 22313-1450

**NOTICE OF HEARING  
 CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED

\_\_\_\_\_  
 Signature of Attorney/Agent/Appellant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_

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